PTO/SB/21 (09-04)

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TRANSMITTAL	Filing Date	February 21, 2002
FORM	First Named Inventor	De et al.
	Art Unit	2661
(to be used for all correspondence after initial filing)	Examiner Name	Robert W. Wilson
Total Number of Pages in This Submission	Attorney Docket Number	I-2-0173.12US

Fee Transmittal Form Drawing(s)	T <u>C</u>				
Amendment/Reply After Final After Final Affidavits/declaration(s) Extension of Time Request Information Disclosure Statement Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 Petition Provisional Application Proprietary Information Status Letter Other Enclosure(s) (please Identify below): CD, Number of CD(s) Landscape Table on CD Remarks (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Refund CD, Number of CD(s) Landscape Table on CD					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name VOLPE AND KOENIG, P.C.					
Signature					
Printed name Michael L. Berman					
Date April 25, 2006 Reg. No. 51,464					

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Signature

Typed or printed name Michael L. Berman Date April 25, 2006

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PTO/SB/17 (01-06)

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Under the Paperwork Reduced	ction Act of 199	35 no parsons are requ	ired to res	spond to a collection			
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For FY 2006		First Named In	ventor	De et al.			
				Examiner Nam	e	Robert W. Wilson	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2661		
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METHOD OF PAYME	NT (check a	ill that apply)					
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FEE CALCULATION (All the fees	s below are due u	ıpon fili	ng or may be	subjec	t to a surcharge.)	
. BASIC FILING, SEA	RCH, AND	EXAMINATION	EES				
	FILING		SEAR	CH FEES	EXAM	INATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200		•
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160		
Reissue	300	150	500	250	600	00	
Provisional	200	100	0	0	0	200	
2. EXCESS CLAIM FE		100	Ū	U	v	ŭ	Small Entity
Fee Description	.23					Fee (\$)	Fee (\$)
Each claim over 20						50	25
Each independent cl		(including Reissu	es)			200	100
Multiple dependent	claims					360	180
Total Claims	Extra Clai	ms Fee (\$)	Fee	<u> Paid (\$)</u>		<u>Multiple Dep</u>	endent Claims
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. APPLICATION SIZE		F 1 3 10 . M.	 -				
If the specification an	d drawings						
listings under 37 C	CFR 1.52(e)), the application	size fee	due is \$250 (\$	3125 for	small entity) for e	ach additional 50

SUBMITTED BY			
Signature	MBernan	Registration No. (Attorney/Agent) 51,464	Telephone 215-568-6400
Name (Print/Type)	Michael L. Berman		Date April 25, 2006

____ (round up to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

4. OTHER FEE(S)

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